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ATTORNEYS AND COUNSELORS AT LAW

**RECEIVED
CENTRAL FAX CENTER****APR 17 2006**650 Third Avenue South
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twiles@pwolaw.biz**To: Examiner: Suzette Jaime J Gherbi
Group Art Unit: 3731
Serial No.: 10/790,649
Company: United States Patent and
Trademark Office
Location: Arlington, VA
Phone: 571-272-4751
Fax: 571-273-8300****From: Terry L. Wiles****Direct phone: 612-334-8992****Date: April 17, 2006****Pages including cover sheet: 15****Reference #: 415****Comments:****Certificate of Facsimile Transmission (37 C.F.R. § 1.8(a))**I hereby certify that 15 pages including cover are being facsimile transmitted to the Patent and Trademark Office on the date shown below:Date: April 17, 2006Signature: Name: Jodi Jung**THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS LEGALLY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED SOLELY FOR THE USE OF THE PERSONS OR ENTITIES NAMED ABOVE. IF YOU ARE NOT SUCH PERSONS OR ENTITIES, YOU ARE HEREBY NOTIFIED THAT ANY DISTRIBUTION, DISSEMINATION OR REPRODUCTION OF THIS FACSIMILE MESSAGE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS MESSAGE IN ERROR, PLEASE IMMEDIATELY CALL US COLLECT AT (612) 334-8989.**

APR 17 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Franco Vallana et al.

Attorney Docket: SBC1025USC1

Serial No.: 10/790,649

Group Art Unit: 3731

Filed: March 1, 2004

Examiner: Suzette Jaime J. Gherbi

For: ANGIOPLASTY STENTS

AMENDMENT TRANSMITTAL

Mail Stop AF
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith are an Amendment and Response (12 pages).

[] The fee for a ____-month extension of time is enclosed.

[X] No additional claim fee is required.

The fee has been calculated as shown below:

					Small Entity		Other than a Small Entity	
	Claims remaining after amendment		Highest number previously paid for	Extra Claims Present	Rate	Addit. Claim Fee	Rate	Addit. Claim Fee
Total	31	Minus	31	0	x 25		x 50	0
Independent	4	Minus	4	0	x 100		x 200	0
First presentation of multiple dependent claim					x 180		x 360	0
Total					Total		Total	
							\$0	

[] Please charge Deposit Account No. 16-2312 in the amount of \$ _____
 to cover the fee for a ____-month extension of time.

Certification of Facsimile Transmission

I hereby certify that 15 pages including cover are being facsimile transmitted to the Patent and Trademark Office on the date shown below:

Date: April 17, 2006Signature: Jodi JungName: Jodi Jung

Amendment Transmittal
Applicants: Franco Vallana et al.
Serial Number: 10/790,649

Attorney Docket: SBC1025USC1

☐ A check in the amount of \$_____ is enclosed to cover the fee for a
_____month extension of time.

☒ The Commissioner is hereby authorized to charge payment of the
following fees associated with this communication or credit any
overpayment to Deposit Account No. 16-2312.

☒ Any filing fees under 37 C.F.R. § 1.16 for the
presentation of extra claims.

☒ Any patent application processing fees under 37 C.F.R.
§ 1.17.

Respectfully submitted,

Date: 4/17/06

By Terry L. Wiles

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AMENDMENT AND RESPONSE TO FINAL OFFICE ACTION

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed February 15, 2006, please amend the application and enter the remarks as follows.

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Date:

April 17, 2006

Signature:

Name: Jodi Jung